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CONFIRMATION NO. 2475

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|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/380,327 | FILING DATE<br>09/03/1999<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1644 | ATTORNEY<br>DOCKET NO.<br>A20-005 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/AU98/00149 03/06/1998

*OK, P.H.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

AUSTRALIA P05508 03/06/1997

\*\* SMALL ENTITY \*\*

|  |                                  |                        |                      |                            |
|--|----------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>AUSTRALIA | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>1 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                        |                      |                            |
| Verified and Acknowledged  | Examiner's Signature             | Initials               |                      |                            |

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TITLE

TREATMAENT AND DIAGNOSIS OF INFERTILITY USING TGF BETA OR ACTIVIN

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1100 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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